Department of Environmental Quality Office of Land Application Programs

APPLICATION FOR RENEWAL OF LAND APPLICATION SUPERVISOR CERTIFICATION

By authority of the Virginia Pollution Abatement Permit Regulation (9VAC25-32), this form must be completed and submitted in order to be considered for recertification.

Please print or type this application.

Personal Information:					
LAND APPLICATOR CERTIFICATE NUMBER:		EXPIRATION DA	TE: E-M	MAIL ADDRESS	
NAME (Last, First, Middle Initial):					
HOME MAILING ADDRESS:				HOME PHONE NO. (Including Area Code	э):
CITY	TY STATE ZIP COD			BUSINESS PHONE NO (Including Area (Code):
LIST CONTINUING EDUCATION COURSES ATTENDED: Include AGENCY, TITLE and DATE of COURSE					
Please circle your answer: Are you a certified Virginia Nutrient Management Planner: Y / N Have you ever been convicted of a felony? Y / N If yes, was this felony related in any way to the responsibilities of a certified land applicator? Y / N					
Employer Information:					
NAME OF LAND APPLICATION COMPANY/ EMPLOYER:					
ADDRESS:					
CITY:		STA	ATE:	ZIP:	
I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND COMPLETE. I FULLY UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY RESULT IN DENIAL OR REVOCATION OF CERTIFICATION.					
Applicant Signature				Date	_
Mail this completed application with \$100 renewal fee to: (Please make check or money order payable to the Treasurer of Virginia)					
Department of Environme Receipts Control P. O. Box 1104 Richmond, VA 23218	ntal Quality	/			